

# **Work lives of professionals: policies, professional associations, managers and clients**

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## 1 Introduction

In 2004, the Dutch government changed the law regarding welfare benefits for disabled citizens. The main reason was the large increase in the number of recipients to approximately 10% of the Dutch workforce. A new set of rules was implemented by the Dutch organisation for employees' insurance (UWV). According to these new stricter rules, existing recipients were reassessed, resulting in 110,000 recipients losing their benefits. Many of the insurance physicians involved encountered substantial professional and moral issues with the reassessments. About 240 physicians urged a strike against this new policy, and some decided to simply quit (NVVG 2005). Further, the way management concretized this policy was not welcomed by many physicians. The following quote by an interviewed insurance doctor is illustrative:

"There is clearly a culture of repression. Management does not understand that physicians need time. Tensions arise when physicians want to work accurately and managers tell them that they have to do fifteen re-examinations a week."

This example is not unique: public professionals often appear to have difficulties identifying with policy programs they have to implement. At the moment, there is an intense debate going on concerning professionals and professionalism in the public sector. Research shows that public professionals are experiencing increasing pressures as they have to take into account several output performance norms, and these often conflict with their own professional standards or with the demands of increasingly empowered clients. Several studies show an increasing discontent among public professionals, both in the Netherlands (Honingh and Karstanje 2007; Van den Brink *et al.* 2006), and abroad (De Ruyter *et al.* 2008; Hebson *et al.* 2003; Pratchett and Wingfield 1996).

In this chapter we will analyze such problems that public professionals have with the policy they have to implement in terms of 'policy alienation', thereby elaborating on the concept of work alienation as developed in the field of sociology of work and labor (for example Blauner 1964). We define policy alienation as a general cognitive state of psychological disconnection, from the policy program to be implemented, by a public professional who, on a regular basis, interacts directly with clients.

While researching the degree of policy alienation of professionals, we especially focus on the role of (new public) management. This is at the core of the intense contemporary debate on professionals. According to some authors (for example Peters and Pouw 2005), managers are important catalysts of the policies; they have turned their backs to work floors, aligned themselves with policy makers, and primarily opt for results, efficiency, and transparency. Conversely, other scholars note that it is questionable whether managers can be blamed for all perceived problems at work floors and in service delivery (Kirkpatrick *et al.* 2005; Noordegraaf 2008). We are able to examine these opposing claims using the policy alienation perspective, as this perspective not only takes into account the role of management, but also the influence of policy makers and politicians, as well as the claims of the more emancipated clients (Tummers *et al.* 2008). The policy alienation perspective overcomes the oversimplified management-professional dichotomy by looking at larger forces that influence the experiences of professionals in particular policy settings. Using the policy alienation perspective, we can examine what really happens at 'the work floor'.

This brings us to the objectives of this chapter. First, we will conceptualize policy alienation. Here, we will also look at the role of New Public Management in influencing policy alienation. Our second objective, presented in Section 3, is to determine common factors influencing policy alienation. In this way we can examine the opposing claims stated above, that (new public) management is the primary factor pressuring professionals, or that this picture is more nuanced. We will do this by means of a comparative case study of a) insurance physicians and labor experts implementing the new work disability rules and b) teachers in higher education implementing the 'Second Phase'. We will conduct an extensive document analysis as well as several interviews with insurance physicians and teachers. Finally, we will try to contribute to the debate on public professionals by relating the findings of the study to numerous claims on professionals and professionalism.

## 2 Professionals and policy alienation

In this section, we will conceptualize policy alienation. Next, we will look at the role of New Public Management in influencing policy alienation.

### 2.1 From work alienation to policy alienation<sup>1</sup>

The intellectual roots of the alienation concept can be found in the work of Karl Marx (1961 [1844]), who concentrated on objective work alienation: workers are alienated when they do not own the means of production or the resulting product. Most contemporary sociologists writing on alienation draw on Marx (Blauner 1964; Seeman 1959; Shepard 1971) although, in contrast to Marx, they focus on subjective work alienation: alienation as perceived by the worker (Kanungo 1982: 19). An important study in this field is by Blauner (1964) who distinguished three alienation dimensions: powerlessness, meaninglessness and social isolation.

In the public administration literature, the concept of work alienation has not gone unnoticed. A number of scholars have used the concept. Pandey & Kingsley (2000, see also DeHart-Davis & Pandey, 2005), for instance, have shown that work alienation is a strong predictor of the degree of red tape public employees experience.

We, however, focus on policy alienation, not work alienation. This policy alienation concept differs in three important aspects from work alienation. First, it looks at alienation from the policy being implemented, rather than from the job being done. Second, it focuses on the public sector, whereas the work alienation concept was primarily developed for the private sector. Third, it considers professionals, whereas the work alienation concept predominantly focuses on manual workers.

Our next step is to define its dimensions based on Blauner's ideas concerning work alienation. As with work alienation, policy alienation is seen as a multidimensional concept.

#### *Policy powerlessness*

Powerlessness is the first dimension of work alienation discerned by Blauner (1964). A powerless worker feels himself to be a thing, an object controlled and manipulated by others or an impersonal system. Blauner (1964:16) discerns four "modes" of powerlessness: 1) separation from ownership of the means of production and the resulting product; 2) the inability to influence general managerial policies; 3) the lack of control over employment conditions, and 4) the lack of control over the immediate work process.

We can apply these four modes in distinguishing between three levels of policy powerlessness. In the realm of making and implementing policy, powerlessness relates to the degree of influence public professionals have to shape the policy program they have to implement. This influence may be exercised on a strategic (Blauner's second mode), tactical (Blauner's third mode) or operational level (Blauner's fourth mode). The first of Blauner's modes is not relevant here because it concerns objective alienation, whereas we focus on subjective alienation.

When there is a low degree of influence on the strategic policy level, professionals will likely experience feelings of powerlessness. This can be the case when, for example, a new policy is drafted without the help of the professionals who have to implement it.

The tactical level refers to the perceived influence of the professionals on decisions concerning the way the policy is implemented within their organization. This relates to how policy goals are transformed into specific performance requirements, which the organization has to meet, as well as to how resources are allocated among the organization's units (staff, budgets, etc.) in order to contribute to meeting these performance goals. In many agencies, performance management systems have been introduced to manage the implementation of policy programs. However, several studies have shown that these systems can have undesirable effects in which output criteria become more important than societal outcomes (Smith 1995; Van Thiel and Leeuw 2002). The more that professionals can effectively address these perverse effects at the agency level, the less they will experience powerlessness.

Lacking significant control over the operational working process is another mode of powerlessness. In public administration literature, this is primarily described in terms of a civil servant's discretion in implementing policies when interacting with clients. That is, the implementer has some freedom in terms of the sort, quantity and quality of sanctions and rewards (Lipsky 1980). The more discretion public professionals perceive when implementing a policy, the lower their feelings of powerlessness.

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<sup>1</sup> This section is largely based on Tummers, Bekkers, & Steijn (2008)

### *Policy meaninglessness*

The second dimension of alienation distinguished by Blauner is meaninglessness. In the work alienation literature, meaninglessness has been defined as “the inability to comprehend the relationship of one’s contribution to a larger purpose” (Sarros *et al.* 2002: 304). According to Blauner (1964: 23), work is more meaningful when someone 1) works on a unique and individual product; 2) works on a larger part of the product; or 3) is responsible for a larger part of the production process.

In the realm of policy making and implementation, meaninglessness refers to a professional’s perception of the contribution the policy makes to a greater purpose. As with powerlessness, meaninglessness can occur at the strategic, tactical and operational levels.

At the strategic level, meaninglessness refers to a professional’s perception that a policy program is not actually dealing with specific societal problems, or with the provision of desirable public goods and services, such as delivering financial protection and security.

At the tactical level, meaninglessness is based on the professional’s perception of the agency’s contribution in handling specific problems or delivering public goods. When agencies adopt managerial policies that focus on output goals that lack a clear relationship with specific societal goals, professionals are more likely to experience the policy as less meaningful.

Finally, at the operational level, meaninglessness reflects the professionals’ perceptions of the contributions their own activities make to dealing with concrete, individual cases, as manifestations of broader societal problems. For instance, are they really helping people? If this is not the case, they will probably experience policy meaninglessness.

### *Role conflicts*

Blauner sees social isolation as the third dimension of work alienation. Social isolation is generally seen as lacking a sense of belonging to the organization in which you work, and being unable to identify with the organization. According to Blauner (1964:23), “membership in an industrial community involves commitment to the work role and loyalty to one or more centers of the work community. Isolation, on the other hand, means that the worker feels no sense of belonging in the work situation and is unable to identify with the organization.”

Social isolation in relation to policy implementation is best analyzed using the notion of role conflicts. When implementing a policy, professionals experience demands based on various logics, which stress different values and norms, and have a legitimacy of their own (Freidson 2001). Role conflicts arise when professionals perceive these demands to be incompatible. The social isolation concept looks specifically at the sense of belonging to one logic, that of the organization. In contrast, the role conflict concept acknowledges the multiple logics that a professional has to deal with when implementing a policy. For instance, when implementing a policy, it is vital that professionals not only identify with their organization, but also with the clients they treat.

We distinguish four different logics (cf. Freidson 2001). First, the institutional logic referring to demands derived from policy contents; these are often laid down in formal rules and regulations, such as the policy goals to be achieved. Second, the organizational logic, which formulates a number of managerial demands that guide the proper implementation of the policy by the agency. Third, the professional logic, which expresses demands to be followed if one is to act professionally as a member of a professional community. Fourth, the client logic that focuses on the demands and values that a citizen (very often as a client of public administration) advances and which reflect their personal situation and interests.

These logics can conflict with each other. For instance, when a public professional has the perception that certain rules have to be followed (institutional logic) but, in doing so, the needs of the individual client (client logic) cannot be fulfilled. Such role conflicts heighten the degree of policy alienation experienced by public professionals.

## 2.2 New Public Management and policy alienation

The three dimensions of policy alienation can be influenced by several factors. In this section, we will focus primarily on the influence of several components of New Public Management (NPM), as NPM seems particularly relevant for the problems professionals face in the contemporary public sector (Ackroyd *et al.* 2007:9; Duyvendak *et al.* 2006; Ferlie 1996).

NPM has become increasingly prevalent in the public sector (Hood 1991; Pollitt and Bouckaert 2004). NPM can be defined as a broad set of management approaches and techniques, borrowed from the private sector, applied in the public sector (Hood 1991). Hood and Peters (2004:268) comment that NPM is a loose term, and no two authors list exactly the same features. Nevertheless, we will use the widely cited overview developed by Hood (1991) to distinguish various components of NPM, as shown in Table 1.

Table 1 Components of NPM (Hood 1991:4-5)

| No. | Component  |
|-----|--|
| 1   | 'Hands-on professional management' in the public sector    |
| 2   | Explicit standards and measures of performance             |
| 3   | Greater emphasis on output controls                        |
| 4   | Shift to disaggregation of units in the public sector      |
| 5   | Shift to greater competition in the public sector          |
| 6   | Stress on private-sector styles of management practice     |
| 7   | Stress on greater discipline and parsimony in resource use |

We expect certain NPM components to be especially important in explaining the degree of policy alienation experienced by public professionals. Although we focus on perceived dysfunctions, we accept that NPM also has several positive characteristics (Pollitt 2003: 38-41).

Firstly, we examine two overlapping components: the use of explicit standards and measures of performance (Component 2, referred to as 'performance management' from here on) and a greater emphasis on output controls (Component 3). A focus on output controls often requires public agencies, managers and employees to work according to performance targets (usually quantitative). Pollitt (2003: 46) argues that this kind of performance management can 'lead to over-concentration on what is precisely quantifiable (for example costs, number of licenses issued) and an under-concentration on other aspects which are not so easily measured'. These quantifiable targets tend to focus on business values such as efficiency and results, and can take precedence over values such as equity, security and predictability. Public professionals may have difficulty accepting this changed trade-off in values which becomes manifest when implementing a policy programme (Hood 1991; Pollitt 2003). Emery and Giauque (2003: 475) note that 'to focus on only the economic logic of action poses problems for public agents. They have to set aside some other shared values in order to concentrate solely on "measurement management"'. On this basis, we would expect public professionals to experience greater policy meaninglessness when performance management and output controls are used in implementing policy.

Further, we expect public professionals to experience increased role conflicts when the use of performance management systems and output controls are increased. This is likely when the organisational logic strongly promotes values such as efficiency and results over other values such as professional autonomy (professional logic) and freedom of choice (client logic) (Smith 1995). This has similarities with the meaninglessness dimension, although the influences on the two dimensions are not necessarily the same. For example, a professional can view the NPM values of efficiency and results as very meaningful, but still sense an increased role conflict if a client does not view them in the same favourable light.

These two NPM components can also curtail professional autonomy. Extensive performance management often involves strict internal instructions and managers feel increasing pressure to produce results. We would expect such developments to make it harder for professionals to use discretion. Therefore, we expect public professionals to experience greater policy powerlessness when performance management and output controls are used in implementing policy.

A second important element of NPM practices concerns the constant reorganisation, and the associated downsizing, of public organisations. This has parallels with the fourth (the disaggregation of public sector units) and seventh components of NPM (stress on greater discipline and parsimony in resource use) (Hood 1991: 5). There is increasing pressure on public organisations to become 'lean' and this often involves significant downsizing. The remaining employees are in a weakened position relative to management, especially when downsizing seems a never-ending process (Pollitt and Bouckaert 2004: 172). When a new policy is implemented in such a situation, we would expect professionals to be less able to influence decisions concerning the way the policy is carried out. Therefore, we expect public professionals to experience greater policy powerlessness when an agency is undergoing reorganisation and downsizing.

### 3 Comparative case study of insurance physicians and teachers

#### 3.1 Method

The second objective is to determine common factors influencing policy alienation. This will be done inductively, by means of an exploratory case study. It is a case study since we investigate “how” and “why” questions (how can policy alienation be understood and why does it occur) in a contemporary setting over which we have no control. The study is exploratory in the sense that the available literature and existing knowledge base on policy alienation and its factors are poor (Yin 2003:9,22) . We have chosen to examine the factors influencing policy alienation inductively. Although there is a vast amount of literature concerning factors influencing powerlessness, meaninglessness and role conflicts (for example Kanungo 1982; Ramaswami *et al.* 1993) , this literature is not specified towards implementing public policies. Further, by examining the factors rooted in the data, we do not make the mistake of imposing so-called “predetermined understanding” to the data (Heath 2007:519) .

We have researched the factors and degree of policy alienation of 1) Dutch secondary school teachers implementing the Second Phase and 2) Dutch insurance physicians implementing a new work disability decree. We have chosen these two policies as they are both clearly demarcated and important for the implementing professionals (Kirschner and Prins 2008:134; NVVG 2005) . The teachers and insurance physicians differ in a number of factors which could influence policy alienation, according to a pilot study we conducted. Firstly, they operate in strongly different institutional contexts; education and social security, although they share the Dutch context. Secondly, they work in different types of organizations; respectively fairly egalitarian schools and the more hierarchic Dutch Institute for Employees’ Insurance (Uitvoeringsinstituut werknemersverzekeringen, or UWV). Thirdly, teachers are far less professionalized compared to insurance physicians. In this way, we follow a most different cases design (Lijphart 1975) . Doing so, we can examine what the effect is of variation on different factors on the degree of policy alienation.

In order to get an in depth and reliable insight we used data triangulation (Yin 2003:98) . For both groups of professionals, we conducted an extensive document analysis, in which relevant policy documentation, professional magazines, newspaper articles and websites were studied. In the case of the teachers, a number of policy documents were constructed by the Dutch parliamentary commission “Education Innovations” (2008). This commission produced a final report (Commission 2008) . Further, they conducted several interviews with, among else, teachers (Commission: Interviews 2008) . Last, a large scale survey research of 775 teachers (open survey, no response rate) was executed (Kirschner and Prins 2008) .

After this document analysis, semi-structured interviews with four individual physicians and five individual teachers were held, which we all recorded and subsequently transcribed. Specifically for the teachers, we examined what kind of teacher one is - content-oriented or student-oriented -, thereby drawing on the operationalization of Van Veen (2003). Later on, this will be explained more fully. Last, we checked the validity of our reconstruction by presenting the preliminary results to the interviewed professionals.

#### 3.2 Background of the policies

This section shortly describes the background of the two policies.

##### *Work disability decree*

Between 1987 and 2003, the number of people receiving welfare payments - due to work disability - rose substantially in the Netherlands. In that period, work disability funds were often used by organizations as an easy way to smooth internal reorganizations, to reduce staff numbers. In order to reduce the spiraling costs, as well as the number of recipients, the Dutch government decided to introduce stricter policies.

The adjusted assessment decree (“aangepast schattingsbesluit”, or ASB), which was implemented in October 2004, changed the insurance conditions for people already receiving work disability benefits. Together with a new law regarding work and income, the ASB aimed to save a total of €2 billion per year (SZW 2005) . Two major changes concerning the ASB are firstly that almost every person receiving work disability benefit had to be re-examined. Secondly, these re-examinations were based on stricter criteria. As a result, from the 230,000 re-assessed persons between October 2004 and January 2008, approximately 90,000 saw their benefits lost or lost (Van der Burg and

Deursen 2008:80) . The ASB is implemented in programs by the Dutch Institute for Employees' Insurance (UWV), a semi-autonomous agency of the Ministry of Social Affairs and Employment. Within the UWV, insurance physicians are involved in implementing the ASB. Insurance physicians "provide social-medical evaluations with respect to the legislation concerning sick leave and employee disability" (Berendsen 2007:227) . They re-examine the welfare clients based on the ASB.

### *Second Phase*

In 1998 the Second Phase was implemented in the upper levels of Dutch secondary school. The official objective of the Second Phase is to increase the quality of education (Tweede Fase Adviespunt 2005:12) . The implementation of this Second Phase was an ambitious change which consisted of three elements (Van Veen, 2003:87):

1. The implementation of a "constructivist" view of teaching and learning, called the Study House
2. The use of student study profiles, together with new subjects and more detailed student qualification structures
3. More autonomy for schools both in their choice of organizational and financial structure, and (formally) in their education method

The first element needs some clarification. It is considered the most important aspect for the work of the teachers (Van der Werf 2005) . The constructivist view differs from the more traditional behaviorist view, which was the basis for the training of most teachers until then (Greeno *et al.* 1996) . Behaviorist views emphasize the process of knowledge transmission and the expert role of the teacher, rather than the learning activities of students. The teacher plays a central role in the delivery of knowledge and is assumed to be the authority responsible for the dissemination of knowledge. In contrast, current constructivist views concentrate on the process of learning and the role of the student in particular. Learning is assumed to be an active process of construction, and knowledge is the accumulation of information, as opposed to passive assimilation. The teacher is no longer the deliverer of knowledge but the facilitator of active learning. Practical implications are for example less "traditional classes" (one teacher explaining the material to 30 students at once). Instead, the students are learning the subject material more independently and in small groups, the teacher acting as a facilitator of this process, helping when necessary.

In the next sections we examine the degree of alienation of insurance physicians and teachers from these policies, by framing it into the different dimensions of policy alienation. When doing this, we also explore common factors influencing these dimensions.

### 3.3 Policy powerlessness

Powerlessness refers to the perceived influence public professionals have to shape the policy program at different policy levels. Have physicians and teachers experienced powerlessness, and, if so, which factors influenced this?

#### *Influence at the strategic level*

With respect to powerlessness at the strategic level, we have found hardly any evidence that the insurance physicians were able to influence the shaping of the policy. To do so, it would have been necessary to mobilize their professional associations and, although they tried, they did not see any results (UWV 2005:4) . The main professional associations of the physicians, the NVVG and the UWVA, did not become involved in the political debate concerning the drafting of the new rules (WAOcafé 2005a) . As a result, many physicians became frustrated with the lack of influence of their professional associations in shaping the ASB, and this contributes to feelings of powerlessness.

Looking at the strategic powerlessness of the teachers, a similar picture arises. Teachers felt that the implementation was done in a top-down way, without consulting them (NRC 2007; Prick 2006) . If teachers want to influence the shaping of a policy, they also have to do so by means of their associations, particularly their professional associations and labor unions.

Unlike the physicians, teachers do not have one or two all-covering professional associations. Their professional associations are often subject-based. These associations did not have a lot of influence, which was mainly due to their lack of collaboration. They had different and often contradictory goals, resulting in an inability to lobby together effectively (Commission: Interviews 2008:61,69,106) . The

labor unions of the teachers did also not have a lot of influence on the shaping of the Second Phase (Commission 2008:52; Hemmer 2007:72) .

This lack of influence of the professional associations and labor unions increased the strategic powerlessness felt by many teachers. One other important effect was that the Second Phase was being implemented without sufficient funds for the teachers to implement the reform successfully. Funds were needed for, among else, training for the teachers -who had to teach new subjects- and changes in the infrastructure in schools – needed for the new way of teaching. The chairman of the major labor union (AOB) is sometimes seen as responsible for the insufficient funds, as he lowered his demands considerably (from €160 million to €22,3 million) (Commission: Interviews 2008:77) .

#### *Influence at the tactical level*

Tactical powerlessness refers to the perceived influence of the professionals concerning the way the policy is implemented in their organizations.

For the insurance physicians, the strict hierarchical nature of the UWV seems an important factor that negatively influenced the position of professionals since, because of this, they could not effectively affect decisions concerning the way the policy was implemented. The UWV was established in 2002 through the merger of six organizations. The relationship of the newly formed UWV with the Ministry is based on a contract-based form of governance, in which results and costs play an important role. Following this reorganization, several problems emerged. First, according to many employees, the UWV is “a Moloch [monster] with which people have difficulty identifying” (NRC 2005a) . Further, since cost reduction was a major objective in the reorganization, almost 10,000 people had to find another job. Lastly, that the UWV is perceived of as very hierarchical (WAOcafé 2005b) .

Especially given the hierarchic nature of the UWV, physicians within the UWV are in a weak position. This made it very difficult for them to influence the way new policies, here the ASB, were implemented. An interviewed physician stated:

“We could not influence the policy very much. That is clear. The UWV is a top-down administrative organization focused on administrative processes. The professionals re-examining the clients are not the priority of the UWV. We were not consulted about the implementation conditions regarding the ASB.”

It seems that the degree of hierarchy of the organization was also relevant for the teachers. But while physicians felt they operated in a very hierarchic organization, many teachers experienced a more egalitarian structure. As an interviewed teacher put it: “I believe that the position of the teacher is very strong [in our school]. When you are a school manager you know that it will not work if you oblige teachers to do something they do not believe in”. Subsequently, in many schools teachers were in a strong position to influence the way the Second Phase was concretized in their schools. Because of this, many perceived to have influence on the way the Second Phase (in particular, the Study House) was concretized in their schools (Kips 2003:48) . Kips found, based on a survey of 142 teachers (43 per cent response rate), that 45 per cent did (fully) agree with the statement “I have enough opportunities to influence the way the Study House was implemented in my school”, against 28,4 per cent who did not (fully) agree.

But this is not the case for all teachers. In some schools, managers proved capable of doing this. Prick (2006:119) states that in these schools “school management dictates how the Study House has to be modeled”, thereby increasing the degree of tactical powerlessness experienced by teachers.

#### *Influence at the operational level*

Three factors seem relevant for the discretion open to physicians. Firstly, the content of the ASB substantially changed the discretion open to physicians. Many perceived their level of discretion - after the introduction of the ASB – to have decreased: “physicians had the feeling that they had less influence on their job and could use their own professional standards less” (NRC 2005b) . The survey by the NVVG (2005) comes to the same conclusion. Of the respondents, 63 per cent answered “yes” to the question whether they felt that their professional autonomy was lower than it should be. A second, related, reason for the decreased discretion was the influence of management, specifically the strict internal UWV performance criteria and associated managerial focus on results associated with the ASB (NVVG 2005) .

However, this was not a universal feeling: some physicians did not agree that their discretion decreased. Therefore, thirdly, the type of professional one is also influenced the degree of operational powerlessness. As one physician put it, he could still make decisions “in all freedom” (WAOcafé 2006) . A number of physicians stated that they had considerable discretion, but that they have to provide a more thorough argument for their decisions, and this takes more time (NVVG 2005:34) . Further, some



physicians who initially experienced reduced discretion have since accepted the situation. As one interviewed physician stated:

"In the beginning, I had a strong feeling that I was being constrained, in the sense that I had to increasingly justify my decisions. Actually, I could no longer decide [on my own] if someone was unfit for work. Even when someone could do almost nothing, I still had to send them to a labor expert. That was the biggest problem for me but, now I am used to it; I do not have problems with it any more."

According to many teachers, the new rules (policy content) also substantially changed their discretion. In general we can state that the discretion of the teachers has declined. Kips (2003:54) notes that 75% of the Second Phase teachers agreed with the statement "because of the introduction of the Second Phase it became more difficult to deviate from the official program". An important reason for this decreased discretion was, next to the policy content, the way management introduced the Study House in the schools. According to the Study House, students had to be able to learn more independently. For students to be able to do this, management more or less obliged teachers to construct the schedule of the course material before the start of the school year. In this way, the teachers were relatively bound to this schedule, making it more difficult to exercise discretion. Many interviewed teachers also stated that their discretion decreased. But, congruent with some physicians, a number of teachers did not experience decreased discretion, or did not experience this as unpleasant. They note that the discretion has been too extensive in the past. One interviewed teacher for instance noted that "Ultimately I experienced it as an attempt to curtail the autonomy of teachers. Well, that makes some sense. Before the Second Phase, a teacher could really perform very badly before someone dared to intervene."

Concluding, many physicians and teachers experience feelings of powerlessness in implementing the new policies. On a strategic level, the influence of the professionals association proved an important factor influencing the degree of powerlessness for both groups. On the tactical level, the degree of hierarchy in the organization was important in explaining powerlessness. But while physicians felt they operated in a very hierarchic organization, many teachers experienced a more egalitarian structure. The degree of discretion was particularly dependent on the contents of the policy, the way management concretized the policy and, lastly, on the type of professional.

### 3.4 Policy meaninglessness

Here, meaninglessness is in terms of the perception of the professional regarding the policy's contribution to a larger purpose and this can be on the strategic, tactical and operational levels.

#### *Strategic level*

In the case of the ASB, the official goal is to increase the participation in work of the disabled by looking at a person's potential rather than their limitations (SZW 2005). Two important arguments for this are, firstly, the view that it is nearly always healthier for people with physical or psychological problems to be active and, secondly, that Dutch social security has become too expensive and had to be reorganized to save money.

Do the physicians see these policy goals as meaningless? In the eyes of many, the economic goal of the ASB seems to be the most important. As one physician put it: "I see it more as a cost savings policy than a method to get people in work." (WAOcafé 2006). This suggests that in the implementation of the ASB, NPM-based considerations (cost reductions and efficiency gains) seem to dominate the trade-offs between values, leading to a shift in value orientation. This was not welcomed by most physicians (NVVG 2005; WAOcafé 2006).

Next to the perception that the policy goals were predominantly economic, our respondents stated that the multitude of policy changes also contributed to strategic meaninglessness. Between 2002 and 2006, major policy changes included the "Gatekeeper Improvement Act", the ASB and a new law on work and income. Before physicians were able to work out what one policy would mean for their work, there was already another policy to implement. Such a situation, contributes to feelings of strategic meaninglessness. As one interviewed physician put it:

"Lately there have been so many changes. First the adjustments to the ASB, now the law regarding work and income. It happens all the time. I do not feel "connected" with politicians. Often they propose things which are not well thought out, and which have to be implemented right away."

Looking at the teachers, we see that the official objective of the Second Phase is to increase the quality of education in Dutch secondary schools and improve the connection with higher education (Tweede Fase Adviespunt 2005:12). Obviously, almost all teachers experienced these goals as laudable, thereby experiencing low strategic meaninglessness. Kips (2003:49) in her survey of 142 teachers, found that 66,4% (fully) agrees with the goals of the Second Phase, while 10% (fully) disagrees (avg. 3,6). One teacher expressed his agreement as follows: "The goal of the Second Phase as it was once formulated, to improve the connection with higher education, is excellent" (Commission: Interviews 2008:632).

However, in our interviews, a few teachers noted that the Second Phase also had other goals. They noted that the Second Phase intended to reduce the costs of education and diminish the teacher shortage. This was possible as students had to work more independently, congruent with the new constructivist view on learning. This was not welcomed by these respondents. As one phrased it:

"Well, we obviously are confronted with a teacher shortage. They [politicians] worry about this. So when you decrease the number of hours a teacher teaches for every class, teachers can teach more classes and the shortage is solved. But I do not consider solving the teacher shortage an appropriate justification for introducing the Study House."

Another factor influencing strategic meaninglessness was the number of policy changes. As for the physicians, this factor contributed to strategic meaninglessness (NRC, 2007a:10; Prick, 2006; Commission, 2008:648), although the interviewed teachers experienced this factor less prominently than did the interviewed physicians.

Thirdly, the professional orientation of the teachers seems relevant. Some teachers did agree with the goals of the Second Phase, while others did not. Van Veen (2003:103) states that "teachers do not constitute a monolithic block with the same attitudes, educational philosophy, subjective educational theory, values, or orientations towards the professional, pedagogical, and organizational aspects of their work". Therefore, he discerns between two broad types of teachers. On the one hand teachers who are student-oriented and consider personal and moral development to be among the goals of education. On the other hand there are teachers who are more content-oriented and consider qualification to be more or less the only goal of education.

Looking at the two types of teachers, we can state that the Second Phase constructivist orientation of teaching fits better with the first group, while the more traditional, behaviorist view matches the second group. Congruent with this, we notice that more student-oriented teachers experienced the policy as more meaningful: "A significant positive relationship exists between the approval of the goals of the reform and the orientation towards learning and students" (Kips 2003:50-51). On the other hand, teachers with a more traditional view on teaching appreciated the Second Phase significantly less (Kips 2003; Van Veen 2003:127).

#### *Tactical level*

On the tactical level, meaninglessness refers to the perceptions of professionals regarding the contribution of their agency towards the handling of specific problems or the delivery of public goods.

The UWV had to implement the ASB and, in a short period, more than 325,000 people had to be re-examined. To achieve this, the UWV focused primarily on the number of re-examinations completed, thereby using strict performance criteria and a focus on results. While most professionals agreed with re-examination in theory, the strict (quantitative) performance criteria associated with this process had some unwelcome consequences. Most importantly, the UWV had to recruit external physicians and labor experts, often unregistered, to cope with the increased workload. Almost all the respondents disagreed with this practice; as one interviewed physician explained:

"What really bothers us [insurance physicians] is that, owing to a shortage of re-examination capacity, physicians are brought in from outside. These physicians often do not know what they are talking about. They just have an interest in finishing as many cases as possible a day. The quality they deliver is really unsatisfactory."

Looking at the teachers, we also note the important role of management in explaining the degree of tactical meaninglessness experienced.

School managements were in a difficult situation when they had to implement the Second Phase. There were insufficient funds and time available for the schools to properly implement this complex reform (Commission 2008:52,134). In the survey of Kirschner & Prins (2008), 85% of the teachers agreed with the statement that there was not enough time and money available for a proper implementation. One important result was that the workload of the teachers increased significantly.

With the Second Phase, teachers had to develop new and more study guides, had more meetings and had to attend more retraining courses (Kips 2003:36) . The outcome was that 80% of the teachers experienced a higher workload (Kips 2003:59; Tweede Fase Adviespunt 2005:14) .

In this difficult situation, the way school management operated strongly influenced the degree of tactical meaninglessness teachers experienced. In some schools, management used the increased autonomy of the schools to implement only the minimum requirements of the Second Phase. In so doing, schools could cope high teacher workload, problems of funding, necessary infrastructure changes and late delivery of books. Teachers perceived this as very meaningful, stating that they owed implementation success primarily to this so-called "low-profile" implementation (Commission 2008:134) . As one interviewed teacher phrased:

"Changes in this school are gradual. We appreciate this highly. This fairly conservative way of managing works. They [management] do not dare, as happened at other schools, to just impose changes upon teachers. This is why people still satisfactorily work here."

However, in other schools, this was not the case. The increased autonomy was sometimes also used to increase bureaucratization; more management and fewer funds for the primary process (Commission 2008:9) . This increased the degree of tactical meaninglessness.

#### *Operational level*

At the operational level, meaninglessness refers to the professionals' perceptions of their own contribution to dealing with concrete, individual cases.

Between physicians, significant differences existed in their experienced operational meaninglessness. As stated, from the 230,000 clients they re-assessed, 90,000 saw their benefits lost or reduced. One and a half years after the re-examinations, from these 90,000, 52% still had not found a job (Van der Burg and Deursen 2008:80) . A number of physicians identified strongly with this unfortunate group, feeling that they did not help them, in so experiencing a high degree of operational meaninglessness (LVA 2006; NVVG 2005) . As one commented (cited in NRC 2005a) :

"I cannot put my signature to a medical evaluation which inevitably results in state assistance for the person ...someone who is unemployed for ten years, and searching for a job again, that it impossible. The statements by the Social Economic Council (SER) are right: they state that you shouldn't construct the ASB."

However, not all shared this view, a number of respondents stressed that, especially for younger claimants, it could be worthwhile decreasing work-disability benefits. In fact, in their view, being labeled as work-disabled for a very long time is detrimental to people's health. This is in line with the first argument behind the ASB: that it is healthier for people to be active. In this way, they identified more with the policy program and less with the immediate wishes and concerns of the client. Some of these physicians explicitly distanced themselves from the physicians who did have problems with the ASB. For instance, one interviewed physician distinguished between, in his words, old-fashioned or "soft" physicians – those who regard the new policy as too strict and identify with the clients – and modern physicians – who see reactivating clients as the proper way to act.

Teachers also differed in their operational meaninglessness. With the introduction of the Study House concept, students had to work more independently. This was one of the major changes affecting the students. In many schools, management framed this by diminishing the number of hours teachers taught per class. Many content-oriented teachers experienced this situation as detrimental for the students (Commission 2008:139; Kips 2003:54; Nierop 2004:24) . The following quote of an interviewed - more content-oriented – teacher illustrates this:

"I had the idea that, as I had so many classes with fewer hours per class, it became too much for me. That segment of students which is not very able and also not prepared to work hard, I think they really became the victim of it all."

More student-centered teachers, however, felt that their implementation of the Second Phase is very meaningful (Van Veen 2003:60) . As one put it:

"Because of the Second Phase, I feel that I am better able to help the students. Before, it was only old-fashioned teaching. Than you do not have that many opportunities to really help them. In that way, I think it is better now."

Concluding, we identified a number of common factors influencing meaningfulness. Looking at the degree of strategic and operational meaningfulness, the professional orientation seemed to be relevant. In the case of the teachers, we could frame this in two groups, content-oriented teachers, who experienced more meaningfulness, and learning-oriented teachers, experiencing less meaningfulness. This proved more difficult to do this for physicians, but also here it seems that there are differences between them regarding their professional orientation.

Further, the goals of the policy and the number of policy changes proved important factors for the experienced strategic meaningfulness, although physicians experienced policy changes as more important than did teachers. For the tactical level, the way management concretized the policy proved very important for both groups.

### 3.5 Role conflicts

Two role conflicts are particularly relevant for both physicians and teachers.

#### *Institutional-client conflict*

The first role conflict emerges from the tension between the rules and regulations of the policy (institutional logic) and the demands and values of the claimants (client logic).

As noted earlier, many physicians are doubtful that the reassessment of claimants actually contributes to the work participation goal of the ASB. Moreover, even where they do see it as meaningful that the benefit is being lowered -for example for younger claimants- this does not necessarily decrease the role conflict. This is because most clients, according to Van der Burg and Deursen (2008) as much as 70% did not agree with the outcome of their re-examinations. In effect, all the interviewed physicians experienced some degree of institutional-client logic conflict. As one interviewed physician put it:

“What you notice is that clients are re-examined using today’s norms. .... Nowadays, there is a lot more emphasis on re-activating the clients. A direct result is that the financial status of the clients changes [as their disability benefit is reduced]. That has a considerable social impact on these clients.”

For the teachers, we would not expect an increased institutional-client role conflict, as, in theory, the goals of better education and better connection with higher education do not conflict with the demands of most students. But in practice, the Second Phase – in particular the Study House – did conflict with student demands, especially according to the more content-oriented teachers. They perceived that, because of the Second Phase, students have less equal chances, have lower motivation and have lower grades. Van der Werf (2005:32) describes this problem as follows: “Concluding, we can state that the new way of learning [the Study House] in the best case does not lead to favorable effects for students, and that in some aspects even leads to negative results”. The more student-oriented teachers, on the other hand, did experience less role conflicts, congruent with their low degree of operational meaningfulness.

#### *Organizational–professional conflict*

A second role conflict emerges from the tension between the organizational and the professional logic.

First, we examine the physicians. Their managers want the work to be done as efficiently as possible: “they have a strong faith in figures” (Berendsen 2007:227) . The physicians, on the other hand, want to retain their own professional norms and discretion. It would seem that many professionals experience an increasing threat to their professional norms because managers focus on the quantity of re-examinations completed. As one physician put it: “There is clearly a culture of repression. Management does not understand that physicians need time. Tension arises when physicians want to work accurately whereas managers tell them that they have to do 15 re-examinations a week”. This feeling is, however, not universal. For instance, some respondents stated that they could effectively cope with this role conflict by communicating with their manager.

For teachers, the relation between management and professionals changed with the introduction of the Second Phase. With the Second Phase, schools became more autonomous. This had three main consequences. In some schools, the increased autonomy led to an increased bureaucratization; more management and fewer funds for the primary process (Commission 2008:9) . Next to leading to more perceived tactical meaningfulness, this also increased the role conflict between management and teachers.

However, in some – often other - schools, the increased autonomy caused the management to choose for “low-profile” implementation. As well as decreasing the experienced tactical meaningfulness, this also decreased the role conflict between managers and teachers.

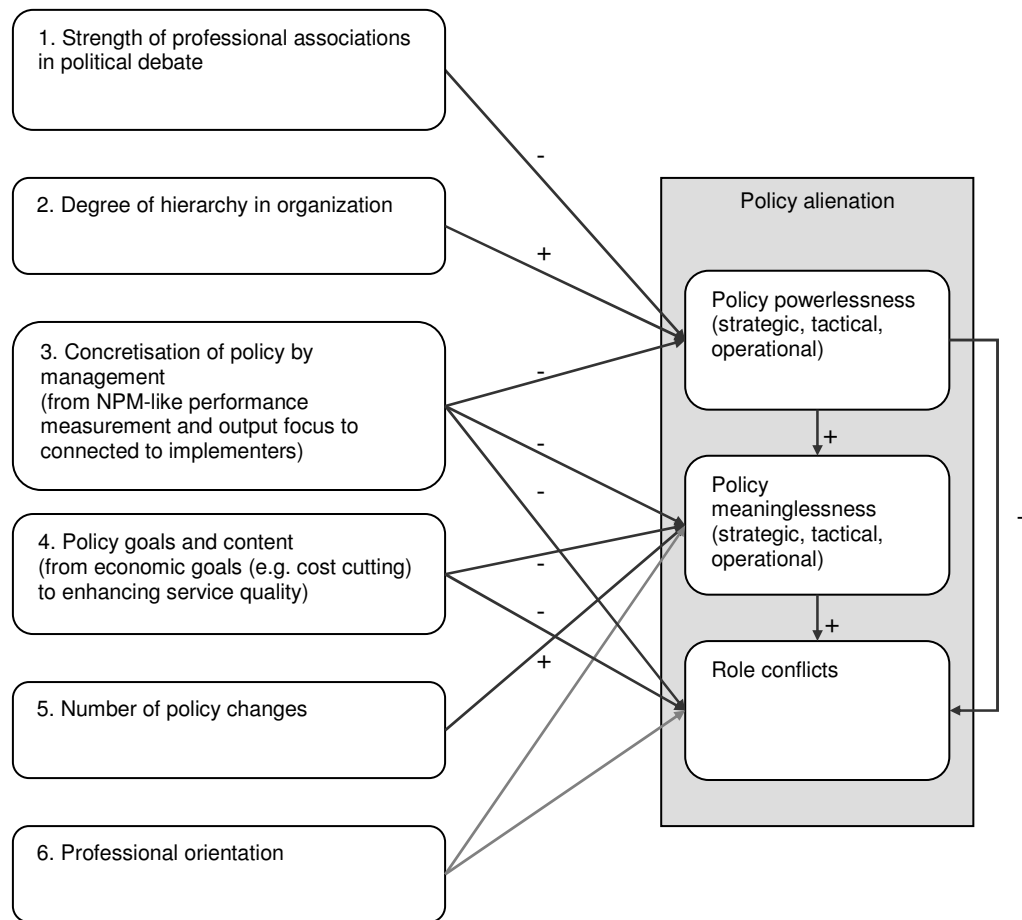
Thirdly, with the increased autonomy, many school managers wanted teachers to participate in all kinds of activities. This is strongly linked with the high degree of tactical powerlessness teachers experienced. The influence of this increased participation on the role conflict depended on the type of teacher. The more content-oriented teachers often did not welcome these new activities, as they saw it as distracting them from their “real” work, educating their students (Van Veen, 2003:66). Student-oriented teachers, however, perceive this required participation as valuable. They can for example support each other as teachers during meetings. In this way, the professional orientation proved relevant for the degree of role conflicts experienced.

Concluding, we see that a number of factors influenced the above role conflicts. The policy goals, in combination with the client needs, influenced the degree of experienced institutional-client conflict. Further, the way management concretized the policy, as well as the professional orientation of the implementer, influenced the degree of experienced organizational-professional role conflict.

#### **4 Conclusion and discussion**

In contemporary public management literature, an intense debate is going on about professionals in service delivery. Nowadays, public professionals are more often praised than criticized. In the Netherlands, a discussion about the - perceived - worsening status of public professionals arose, fuelled by authors such as Van den Brink *et al.* (2006) and Verbrugge *et al.* (2006). Internationally, a striking evidence of the changed climate was the publication of Freidson (2001). Freidson was a leading critic on professional power. However, in 2001, he published a book in defense of professionalism.

We have used the policy alienation framework to examine the experiences of professionals when implementing policies, to contribute to this debate about professionals in the public sector. As we look at the experiences of professionals, we can examine what really happens at ‘the work floor’. To study policy alienation, we defined the dimensions of the concept by means of a literature study. Next, we tried to determine common factors influencing these dimensions, using a comparative case study of Dutch physicians and Dutch teachers implementing new policies. The results of the case study are presented in Figure 1.



**Figure 1 Important factors influencing the degree of policy alienation felt by teachers and physicians**

Some useful observations can be made. First, the figure emphasizes how the various policy alienation dimensions influence each other. For example, when professionals experience low discretion/high operational powerlessness, they feel less able to effectively cope with role conflicts. Or, if a professional experiences the policy goals as meaningless, they will experience a greater role conflict between the institutional logic and the client logic if their client opposes the policy.

Further, we identified six major factors which could influence policy alienation. We should note that this selection of variables is arbitrary. We have undoubtedly missed some factors and some factors may be more important for one professional group than for another. Further, the factors we did identify, are defined broadly.

Having stated this, we can, by looking at this figure, make some useful observations for the debate on professionals in the public sector.

Firstly, we see that management is an important factor for the experiences of professionals with the policy they have to implement, which we termed in dimensions of policy alienation. The way management concretized the policy influenced all dimensions of policy alienation. In the case of the physicians, the way UWV management used NPM-like performance measurement and a focus on output was not welcomed by the physicians. Therefore, we showed that, the more management concretizes the policy by focusing on performance measurement and output controls, the higher the degree of powerlessness, meaningfulness and role conflicts, as we hypothesized in our theoretical framework (see also Tummers *et al.* 2008) .

In so, we see that management is an important factor for the experiences of professionals. But, two other notions are also relevant.. Firstly, in the case of the teachers, we saw that, as management was more “connected” with the implementing professionals, this decreases the experienced powerlessness, meaningfulness and role conflicts. Many schools implemented only the minimum requirements of the policy, thereby acting as a buffer between the policy requirements and the teachers. This ‘buffering’ of the school management obviously helped professionals. This improved the relationship between managers and professionals. Management can help professionals provide

the necessary preconditions so that professionals can effectively perform their job, something which is not often recognized (but see also Noordegraaf 2008) in the contemporary debate on the professional-manager relationship.

Next, the figure shows that other factors, such as the number of policy changes, also influence the experiences of professionals. Therefore, we cannot state that management is the root of all problems professionals experience, as have been stated by some. Only examining the management-professional relationship does not provide the full picture when we want to research the experiences of professionals in the contemporary public sector. This analysis shows that a more forces are active, which necessitates a broader view when examining pressured professionals.

Another notion which is important in the debate on professionals and professionalism is the notion of discretion, or operational powerlessness as we termed it. A number of authors stress that the professionals should be 'freed' (for example Van den Brink *et al.* 2006). Professionals should have more discretion to effectively conduct their work. In our view, this claim can, at least, be nuanced. Two main reasons are given.

Firstly, we should note that discretion has possible advantages, such as tailoring to the needs of the clients, but can also have disadvantages. While in the contemporary debate advantages are stressed, in the 70s and 80s, the disadvantages were primarily looked at. For example, in these years, some scholars suggested that, whilst professionals pretended to operate as benign agents, they were indeed reinforcing social inequalities and extending their empires (Lipsky 1980). Others suggested that professionals, far from being neutral, were driven by ideology and self-interest. Furthermore, they argued that their system of self regulation resulted, not only in poor value for money, but also in corruption and inefficiency (Deakin 1994).

Secondly, we noted that the interviewed professionals themselves did not necessarily protest against this reduced discretion. Some noted that the discretion has been too extensive in the past. Others stated that they had considerable discretion, but that they have to provide a more thorough argument for their decisions, and this takes more time. In so, they did not all experience this reduced discretion as unpleasant.

Concluding, our research shows that the policy alienation concept can be valuable in the debate about professionals in the public sector. Further research could benefit by applying this model in a more rigorous way, to add to the knowledge of the experiences of professionals in the public sector.

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